

ACH Payment Plan (Direct Debit) Authorization Agreement

Please complete and return to:
Department of Licensing, Revenue Accounting Section, P.O. Box 9048, Olympia, WA 98507-9048

Company/individual name		Branch (if applicable)	
Company address			
Contact name (if different)		Telephone no.	E-mail address
Purpose of ACH <input type="checkbox"/> UCC <input type="checkbox"/> Vehicle electronic titles <input type="checkbox"/> Vehicle mail-in processing <input type="checkbox"/> Drivers			

The Department of Licensing is hereby authorized to initiate debit entries to the account indicated below, at the depository financial institution (*bank or credit union*) named below. I acknowledge that the origination of ACH transactions to the account indicated must comply with the provisions of U.S. law.

Financial institution name		Account name	Account no.
Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Bank's ABA no./transit/routing no. (including check digit)	
Contact name		Telephone no.	E-mail address

The undersigned, as authorized representatives of the above named, designate the account above from which DOL should debit payment for requested transactions.

Authorized Signatures

Print name	Print name
X	X
Signature	Signature
Date	Date
Title	Title
E-mail address	E-mail address

Accepted by Department of Licensing		Contract no. _____	
Print name (DOL representative)		Accounting assigned ID code	
X			
Signature		Date forwarded to Accounting	
Date			

This authorization will remain in full force and effect until terminated by the Department of Licensing or until DOL has received a 30 day written notification of its termination. It is mutually agreed that DOL shall be given 30 days from the date received to act on the termination.